



2023 Senior Farmers' Market Nutrition Program

IMPORTANT: This program is seasonal – **April 1 to October 31** – and very popular. We encourage you to apply early as the program has limited capacity. Once the program is full, new applicants are added to a waitlist.

Please mail completed application to: Hawaii County Economic Opportunity Council, 47 Rainbow Drive, Hilo, Hawaii 96720

Name (Last, First, M.I.) <i>Please print clearly!</i>		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
I certify under penalty of law that <u>all</u> of the following statements are true and correct:			
<input type="checkbox"/> I am at least 60 years of age.		<input type="checkbox"/> I am making only one request for ten (10) SFMNP food coupons for the 2023 program year.	
<input type="checkbox"/> I reside in the county where I am requesting to receive food coupons.		<input type="checkbox"/> I meet the total household income requirement below.	
1-person household income of less than \$31,025	2-person household income of less than \$41,958	For each additional person, add \$10,933 per additional household member (including children)	
Household Income: \$	Household Income: \$	Household Income: \$	
Mailing Address <i>(Include apartment or unit number)</i>			City, Zip Code
Email Address			Phone Number

DESIGNATION OF PROXY (optional)

A “proxy” or “authorized representative” is someone authorized by an eligible participant to act on the participant’s behalf, including submission of application for participation, receipt of coupons, and use of SFMNP coupons at authorized outlets if the SFMNP benefits are ultimately received by the eligible senior. If you want your proxy instead of yourself, insert their information here:

Proxy Name (Last, First, M.I.)	Relationship
Proxy Phone Number	Proxy Address

ETHNIC BACKGROUND

USDA requires the state to obtain race and ethnic information. This information is solely for the purpose of determining the State’s compliance with Federal civil rights laws. Your response will not affect consideration of your application.

Please check <u>one</u>: Do you consider yourself Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please check <u>all</u> that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander
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CERTIFICATION STATEMENT

I have been advised of my rights and obligations under the SFMNP. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law. Standards of eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, disability, or sex. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

Applicant Signature

For Official Use Only:

Coupon # _____

Date Rec'd/Mailed _____

Date

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER

Form Adopted March 2023